



UNFAVORABLE

House Bill 124 – Mandated Reports-Revisions

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On behalf of our Board of Directors and members across the state, we strongly object to House Bill 124 and urge your unfavorable report. Without annual reporting, the state will be derelict in its duty to assess the needs of pregnant women and families and limiting your own ability to govern effectively. No state department or program should receive an annual appropriation without first meeting the annual reporting requirement.

Maryland is one of only three states that waive abortion reporting requirements to the Centers for Disease Control. It is essential that funded entities submit annual reports so the state may measure the extent to which the state providing for the needs of pregnant women, promoting prenatal health, and reducing risks to maternal health and maternal morbidity.

We object to the appropriation of any public funding for abortion through the Department of Health and the Department of Education. The public deserves transparency and has a right to know how public funding is being used to pay for abortion.

MDH IS FAILING PREGNANT WOMEN - The Maryland Department of Health has repeatedly failed to meet the needs of pregnant women and families in Maryland and appropriations should be withheld until the Department provides an annual public report on the number of abortions committed in Maryland and the effect on maternal health and morbidity. We know that abortion increases the risk of future pregnancy complications, including pre-term birth, miscarriage, and maternal morbidity. The state is failing to accurately assess women's health risks caused by abortion due to the lack of transparency and reporting. Maryland is one of only four states that shields the abortion industry by failing to provide annual reports to the CDC.

- The Department has routinely failed to enforce existing state health and safety regulations for abortion clinics, even after two women were near fatally injured in botched abortions in 2020.
- The Department has routinely failed to provide women with information and access to abortion alternatives, including the Maryland Safe Haven Program (see Department of Human Services), affordable adoption programs or referral to quality prenatal care and family planning services that do not promote abortion.
- The Department has demonstrated systemic bias in favor of abortion providers, engaging in active partnerships with Planned Parenthood and other abortion organizations to develop and implement public programs, curriculum and training. In doing so the Department is failing to provide medically accurate information on pregnancy and abortion.

- The Department systemically discriminates against any reproductive health and education providers who are unwilling to promote abortion and in doing so, suppresses pro-life speech and action in community-based programs and public education.
- The Department fails to collect, aggregate and report data about abortion and the correlation between abortion and maternal mortality, maternal injury, subsequent pre-term birth, miscarriage and infertility.
- The Department is failing to protect the Constitutionally-guaranteed rights of freedom of conscience and religion for health care workers, contributing to the scarcity of medical professions and personnel in Maryland.
- The Department is failing to protect women and girls from sexual abuse and sex trafficking by waiving reporting requirements for abortionists and failing to regulate abortion practices.

ABORTION IS NOT HEALTH CARE - Abortion is NOT health care and is never medically necessary. No law in any state prohibits medical intervention to save the life of a mother, including in the case of miscarriage or ectopic pregnancy, which does not meet the definition of abortion- which is the intentional killing of the fetal human being. Abortion is the violent destruction of a developing human being. Abortion always kills a human child and often causes physical and psychological injury to women. Abortion is the exploitation of women and girls and enables sexual abusers and sex traffickers to continue in the course of their crimes and victimization. Abortion is the leading cause of death among Black Americans and has become American genocide. Abortion is the greatest human and civil rights abuse of all time.

Teleabortion and other reckless public health policies that authorize the unregulated proliferation of chemical abortion pills are brazenly removing abortion further outside the spectrum of “health care” as most women are now prescribed these lethal pills without the benefit of a physician’s examination or any medical care. Because of the reckless **Abortion Care Access Act of 2022**, physicians now serve only a tangential role on paper, either as medical directors for clinics or as remote prescribers of abortion pills. Instead non-medical abortion providers are authorized to commit both surgical and chemical abortion through birth and are eligible for Maryland Medicaid reimbursement as well as undisclosed gratuities from drug manufacturers.

“D-I-Y” ABORTION IS UNSAFE - The practice of abortion in Maryland has become the “red light district” of medicine, populated by dangerous, substandard providers. With the proliferation of chemical abortion pills, the abortion industry itself has exposed women to “back alley” style abortions, where they bleed alone without medical supervision or assistance.

The abortion industry itself has referred to the use of abortion pills as “Do-It-Yourself” abortions, falsely claiming that the method is safe and easy. But the complications from chemical abortion pills are severely under reported. We can assess from emergency room visits, that chemical abortions are 4 (four) times more dangerous than surgical abortions, presenting a high risk of hemorrhaging,

infection, and even death. With the widespread distribution of chemical abortion pills, the demand on Emergency Room personnel to deal with abortion complications has increased 500%.

UNENFORCED - The Maryland Department of Health has failed to ensure that existing abortion providers and facilities are complying with Maryland law. Women continue to be injured and killed in Maryland because of abortion bias and ineffective enforcement of existing abortion regulations. The broad expansion of non-physician and even non-medical abortion providers will create an enforcement nightmare for the Maryland Department of Health. Any state agency or Commission should be required to provide a complete and accurate public report of the status of abortion in Maryland.

SUBSIDIZING CORPORATE ABORTION - Abortion is big business in Maryland. According to the Maryland Department of Legislative Services in their Analysis of the FY2021 Maryland Executive Budget, Maryland taxpayers, through the Maryland Medical Assistance Program, are being forced to pay for elective abortions. We spent at least \$6 million for 9,660 abortions, of those zero were for rape, incest or life of the mother. Taxpayers pay many more millions of dollars through MDH and MDE grants as well as for subsidies to biomedical research labs that increase the demand for late term aborted babies in Maryland to conduct unnecessary and unsuccessful embryonic and fetal tissue research. Please see [BloodMoneytheFilm](#).

NO PUBLIC FUNDING - Maryland is one of only 4 states that forces taxpayers to fund abortions. There is bi-partisan unity on prohibiting the use of taxpayer funding for abortion. 60% percent of those surveyed in a January 2023 Marist poll say they oppose taxpayer funding of abortion. Maryland Right to Life opposes funding appropriations for any organization that promotes or commits abortion and particularly objects to the use of abortion funding through the Maryland Department of Health and the Maryland Department of Education. We urge the Maryland General Assembly to divest itself from corporate abortion subsidies and invest in lifesaving alternatives for women and children including accessible quality prenatal care, the Maryland Safe Haven Program, parenting education and resources and affordable adoption programs.

INVEST IN LIFE - 81% of Americans polled favor laws that protect both the lives of women and unborn children. Public funds should not be diverted from but prioritized for health and family planning services which have the objective of saving the lives of both mothers and children, including programs for improving maternal health and birth and delivery outcomes, well baby care, parenting classes, foster care reform and affordable adoption programs.

FUNDING RESTRICTIONS ARE CONSTITUTIONAL - The Supreme Court of the United States, in *Dobbs v. Jackson Women's Health* (2022), overturned *Roe v. Wade* (1973) and held that there is no right to abortion found in the Constitution of the United States. Prior to the 1973 federal abortion mandate, 46 states codes considered abortion a "crime against the person". As early as 1980 the Supreme Court affirmed in *Harris v. McRae*, that *Roe* had created a limitation on government, not a government funding entitlement. The Court ruled that the government may distinguish between abortion and other procedures in funding decisions -- noting that "*no other procedure involves the purposeful termination of a potential life*", and held that there is "*no limitation on the authority of a State to make a value judgment favoring childbirth over abortion, and to implement that judgment by the allocation of public funds.*"

PREGNANCY IS NOT A DISEASE - The fact that 85% of OB-GYNs in a representative national survey will not participate in abortions is glaring evidence that abortion is not an essential part of women's healthcare. Women have better options for family planning and well woman care, in fact there are 14 federally qualifying health centers for each Planned Parenthood in Maryland.

Abortion is never medically necessary to save the life of a woman - In the rare case of severe pregnancy complications, hospitals, not abortion clinics, may decide to separate the mother and child and make best efforts to sustain the lives of both. This is different from an abortion, which involves the purposeful termination of fetal human life. Prior to the Supreme Court's imposition of their decision in *Roe v. Wade* in 1973, the Maryland legislature had enacted a ban on abortion and only would allow exception for the physical life of the mother, if two physicians agreed that termination of the pregnancy was necessary to avoid the imminent death of the mother. Science has advanced beyond this point to support that both lives can be saved.

ABORTION IS BLACK GENOCIDE - Abortion has reached epidemic proportions among people of color with half of all pregnancies of Black women ending in abortion. People of color have long been targeted for elimination through sterilization and abortion. Even today, 78% of abortion clinics are located in Minority communities. As a result abortion has become the leading killer of Black lives. Abortion is the greatest human and civil rights abuse of our time and as a civilized people we cannot continue to justify or subsidize this genocide. For more information please see www.BlackGenocide.org.

ABORTION IS A FAILED POLICY - 50 years of legal abortion never ended childhood poverty, rape and incest or unplanned pregnancies. In fact, the amount of abortions has increased proportionately to the increase in public funding for abortion. The abortion industry is financially invested in unplanned pregnancy and cannot be entrusted to provide for the reproductive health needs of Maryland women and families.

For these reasons, we respectfully urge you to issue an unfavorable report on **House Bill 124** and all measures to allocate public funds to abortion providers, services, education, training or promotion. We appeal to you to prioritize the state's interest in human life and restore to all people, our natural and Constitutional rights to life, liberty, freedom of speech and religion.

Respectfully,

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